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ABSTRACT

The paper reports on a program of field and laboratory research designed to investigate some positive and negative psychological effects of seeking and obtaining help. The author reviews the reactance model and attribution theory, both of which focus on the recipient's perceptions of the basis on which help is rendered and the implications of this for him. Several equity theories which consider the helper-beneficiary relationship as a continuing social interaction are also discussed. The author's own laboratory research program has investigated two general questions: 1.) What is the effect of reciprocity on attraction for the helper? and 2.) Which form of help delivery leads to more usage of service, enhanced helper attractiveness, and better recipient feelings--helper-initiated help or self-requested help? Finally, implications of much of the data on self-requested help are applied to federal changes in welfare policy. (Author/SES)

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WHEN HUMANITARIANISM IS NOT HUMANE: HELPING -- THE RECIPIENT'S VIEW

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Affluent Americans apparently subscribe to a norm of social responsibility (Berkowitz & Daniels, 1964) which prescribes that they should help those who are dependent on them. They voluntarily donate billions of dollars annually to charitable causes, some not even tax-deductable. And most impressive of all, their society has instituted and accepted massive formal helping arrangments such as welfare systems.

At first glance these helping systems are testaments to man's compassion and his desire to accept responsibility for less fortunate or less able people. But although the helping structures clearly reflect some degree of altruistic intent, most U.S. helping systems are relatively insensitive to the best psychological interests of those they profess to serve.

Welfare agencies are typically funded at a level sufficient only to "handle" the embarrassing problem of poverty in a rich society at minimal cost. They function more to distribute the money, goods and services that society believes the disadvantaged are entitled to receive rather than to distribute what the disadvantaged want or need to receive in order to maintain physical and mental well being. And institutionalized helping arrangements -- the manner in which help is delivered -- are

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usually determined by the requisites of those who pay for and supply the service rather than those of the needy client. It is hardly surprising then, that in a society that largely treats the disadvantaged person as an administrative and financial problem, little attention has been paid to the psychology of the help-recipient -- to how he or she feels about seeking and receiving help.

To the welfare applicant and to others who find themselves temporarily or chronically in need, dealing with helping agencies and individuals involves much more then a purely economic relationship. The acts of seeking, giving and receiving help have considerable psychological impact and meaning for both giver and receiver. Certainly the amount and the appropriateness of benefits are primary considerations for the welfare recipient, but how aid and services are delivered may also be an important determinant of what attitudes the help recipient develops toward the help-giver and towards himself.

A truly empathic, humanitarian society must respond sensitively to the attitudes of its distressed or needy individuals. These attitudes, feelings and reactions should be a critical factor in designing helping systems and procedures. Questions such as "Under what conditions will help be accepted or refused?", "What kinds of helping arrangements lead to eventual independence or dependence?", "When does seeking help cause resentment and negative self-attitudes?" must be investigated, answered, and implemented.

In the past few years social psychologists have intensively investigated helping behavior, but most of this research has been concerned with variables which facilitate or inhibit acts of potential helpers and little

attention has been paid to the recipients. A few years ago we began a program of field and laboratory research designed to investigate some positive and negative psychological effects of seeking and obtaining help. Today we would like to briefly outline some of the reasoning that led us to this research, then to review some of the laboratory data, and finally to report on the design of an ongoing field project with welfare recipients.

Psychological Theory and Receiving Aid

Simple reinforcement theories emphasize the positive aspects of receiving aid, and because material benefits usually do result from seeking and receiving help, obtaining help is probably a positive experience for most needy people, at least when compared with undesirable alternatives such as failure or poverty. But, it is obvious that there are also negative factors associated with seeking and receiving help.

Foreign nations do not routinely express thanks to Uncle Sam for monetary aid and neither do student subjects who role play aid recipients (Morse and Gergen, 1971). And to the dismay of some novice case workers, a welfare recipient may display resentment instead of the expected gratitude for advice or service.

Several writers have indicated that recipients of habitual help develop negative attitudes. For example, Alger and Rusk (1955, p. 277) in a study of the rehabilitation process conclude that "many people in our society find it a humiliating experience to receive help." Goldin et al. (1967) also note adverse dependency reactions in the institutionalized patient: "There are not infrequent instances in which the patient's efforts to do things for himself are discouraged, blocked or openly prohibited (p. 22)." In the view of these authors, some of the helping

behavior in this setting not only impeded physical rehabilitation, but was also instrumental in reinforcing dependency. The authors conclude with the warning that for some individuals help only serves to increase dependency anxiety which in turn interferes with performance (p. 48). Lippman and Sterne (1962), who discuss similar problems among the aged, depict elderly help recipients as struggling to maintain respectable status in an unfriendly society (p. 200). And in a somewhat parallel discussion of the poor, Haggstrom (1964) documents instances where professional helpers, who are seen as morally and materially superior, elicit feelings of unworthiness and inferiority among their poor clients.

Derivations from at least three social psychological theories -- reactance (Brehm, 1966), attribution (Jones & Davis, 1965, Kelley, 1967), and equity - reciprocity - indebtedness (Gouldner, 1960; Homans, 1961; Blau, 1964; Adams, 1965; Greenberg, 1968) lead to the hypothesis that under some circumstances a person who seeks and receives help will develop negative attitudes. Each of these theories offers plausible explanations for negative attitudes associated with routinely receiving help.

Reactance

Brehm's A Theory of Psychological Reactance (1966) postulates that people are motivated to maximize their own freedom of choice. Applied to the phenomenon of help, the reactance formulation suggests that dependence on a source of help may limit freedom and lead to negative feelings toward the would-be-helper as well as resistance toward his effort to help. Although no laboratory studies are known to us which relate receipt of help with negative feelings, Morse & Gergen (1971) found that while attraction for the aid-giver decreased when aid was denied, it increased very little

when aid was granted. In addition, two studies have been reported which link the receiving of a favor to subsequent behavior. Brehm and Cole (1966) found that subjects who receive an unrequested favor are in some circumstances less likely to do a favor for the helper than are subjects who receive no favors, and Schopler and Thompson (1968) report that subjects who receive inappropriate favors are less likely to aid the helper than are subjects who receive appropriate favors.

The circumstances of the disabled, the nursing home resident, and the welfare recipient -- individuals whose autonomy and control over their lives are reduced by dependence on professional helpers (doctors, nurses, social workers) -- offer real world parallels to the laboratory subject whose circumstances lead him to experience reactance. These recipients not only lose autonomy and control over their lives by virtue of the program prescribed by the helper but as a condition for receipt of the program. For example, Briar (1966), in summarizing extensive interviews with more than 100 welfare families, states that aid recipients do indeed give up freedom as part of the helping contract. When these families were asked about the legitimacy of refusing entry to a social worker at night, more than two thirds of them acknowledge that a search warrant was legally necesary, but only half felt they had the right to refuse entry. Briar's data include other examples of experienced loss of freedom -- the majority of the respondents in his study felt obligated to follow social worker suggestions on budget, psychiatric visits, and marriage counseling. Even when freedom is not actually threatened, the act of receiving help can be perceived as part of a contract which implies loss of freedom (Brehm, 1966, p.6).

Help recipients may experience reactance because although they may initially request assistance, they are sometimes later placed in a position where help is agency or professionally initiated. In various forms of classic psychotherapy, for example, the patient initiates the service contact, but once the helping relationship begins, only the therapist can pronounce the patient cured and the relationship is ended. It is possible that such continued help is unwanted or unneeded, limiting the recipient's freedom and leading to reactance which may be expressed in several ways including negative feelings toward the helper, the agency, and the self. Reactance as a consequence of such circumstances has not been experimentally documented, but some non-experimental studies have disclosed negative attitudes held by help recipients which might be attributed to reactance. For example, in a series of interviews with disabled and handicapped persons, Ladieu et al. (1947) found that help was resented, and the helper viewed as incompetent and interfering when the help "did not enlarge the space of free movement of the injured man or promote his goals."

In summary then, reactance and associated negative feelings toward assistance should be greatest when help is arbitrarily and externally imposed and least when the recipient has maximum choice regarding when, where, and how he is helped. The reactance model, however, does not attend to other relevant considerations in the helping situation. These considerations which deal with the help recipient's perception of the basis on which help is rendered and the implications of this for him, are more relevant to attribution theory.

Attribution Theory

According to attribution theory (Jones and Davis, 1965; Kelley, 1967) the recipient of help will be more or less likely to interpret seeking and receiving aid as negative information about his abilities and capacities, depending on the motives attributed to the help giver and the manner in which help is offered.

The knowledge that a person has applied for or asked for help may have significance in itself. And once a basic helping relationship is initiated a help recipient may attach further meaning to the actions of the helper, especially to the extent that the helper is seen as acting independently of role requirements(e.g. Kiesler, 1966). A helper may administer more or less help than prescribed by his role; for example a nurse may spend many off-duty hours comforting a hospitalized patient, or a teacher may refuse to assist a student with difficult problems.

The aid recipient obtains the least information about himself when the helpers' behavior can be attributed to rigid role requirements, and the most information when the helper is free to respond to individual situations. Even within role requirements, a helper may have freedom to determine when, where,and how much he or she helps. The recipient's interpretations of the general situation and of the help-giver's actions lead to his determination of the extent to which the help is contingent on his own individual characteristics.

An important factor in determining whether to make self-attributions is the normativeness of receiving help. For example, Tessler & Schwartz (1972) found more help seeking when it was normative to receive help, and the need for help was easily attributed to the difficult situation rather

than to personal inadequacy. If an internal or self attribution is made it will inhibit help-seeking or have more impact when help is sought to the extent that the relevant characteristics are central to the self-concept. In the Tessler and Schwartz (1972) study, for high self esteem females, less help was sought on an important central task than on a peripheral task. Using a sex-role centrality manipulation, Wallston (1972) replicated this finding using males.

In addition to interpreting the helper's actions, the recipient may take his own help-seeking behavior as evidence about himself. To the extent that he makes an external attribution such that he believes that anyone, even competent individuals, would need help in a similar situation, it is not necessary for the recipient to make inferences about his own adequacy or competence. On the other hand he may infer from the fact that he is seeking or receiving help that he is inadequate, incompetent, or unable to cope successfully. The consequences of various helping arrangements for self- attribution will be discussed further below.

Equity Theory

Whereas reactance and attribution notions usually focus on the recipient's perceptions, several equity theories (e.g. Adams, 1965; Homans, 1961; Blau, 1964) consider the helper-beneficiary relationship as a continuing social interaction. These theories postulate a negative or uncomfortable state when social receipts and expenditures are not approximately equal. Greenberg's (1968) theory of indebtedness is an attempt to apply these equity -- balance conceptions to help-receiving reactions. Greenberg argues, primarily on the basis of

Gouldner's (1960) reciprocity norm, that indebtedness, or the felt obligation to repay a benefit, has motivational properties similar to cognitive dissonance in that it is an unpleasant psychological state, and that whenever possible people will attempt to reduce feelings of indebtedness. Several writers (Kalish, 1967; Lipman and Sterne, 1962) have discussed how the elderly wish to avoid indebtedness and to retain feelings of independence. Lipman and Sterne define independence in terms of fulfilling reciprocal obligations and point out that the aged demand that retirement support be construed not as help to a dependent nor as a "dole to a troublesome menicant" but as "due payment for a job well done (p.200)."

Indebtedness may produce either gratitude or resentment. Resentment is more likely when the recipient is unable to repay the debt and, thus, risks losing status in the eyes of the donor. Greenberg suggests that resentment is especially great when helping involves expertise, as in the case of the disabled individual or nursing home resident (especially those not paying for their care) who receives "expert" assistance from doctors, nurses, and occupational therapists. According to equity notions, any such help recipient who does not have opportunities or sufficient resources to return help may reduce the resulting inequity either by resenting the help or derogating the helper, i.e., coming to believe that the helper is not worthy of or entitled to reciprocal aid. For example, Bredemeir (1964, p.97) comments that welfare clients often feel hostility toward caseworkers, especially towards those that expect the client to demonstrate progress and gratitude.

Additional documentation for the aversive qualities of non-reciprocal help os provided in a study by Greenberg and Shapiro (1971). They report that subjects who anticipate difficulties in reciprocating aid may be less willing to request help in the first place. Subjects who believed they would be unable to reciprocate waited significantly longer before making the request.

We expect that under conditions where it is necessary to accept aid with little repayment possibility, the helper will be resented. But in many situations the reputation and motives of the helper are unassailable, e.g., the doctor, nurse, social worker, best friend. In such cases where derogation of the helper is difficult or impossible, the help recipient might then lower his own self-esteem. A relationship in which a person with little merit, power, ability, or resources receives help from a person with greater resources can be considered psychologically equitable, whereas such a non-reciprocal relationship between equals may be inequitable.

Thus several negative consequences may occur when a help recipient feels reactive, considers himself inadequate or dependent, or is in a state of indebtedness: he may derogate the helper, his own self-esteem may suffer, or he may avoid seeking needed help. Because it is difficult or meaningless to measure changes in self-esteem during a brief episode, most of our laboratory studies have used attraction for the helper and amount of help-seeking as primary dependent measures. Mood scales have been included in many of these studies as an analog to longterm changes in self-esteem, but with a few exceptions these mood measurements have not been sensitive to the helping variables.

Research Program

Thus far our laboratory research program has investigated two general questions deriving from the foregoing discussion: 1) What is the effect of reciprocity on attraction for the helper? and 2) Which form of help delivery, helper-initiated help or self-requested help, leads to more usage of service, enhanced helper attractiveness, and better recipient feelings? The first question has been studied exclusively in the laboratory, because thus far, financial and ethical problems have prevented us from constructing longterm reciprocal possibilities in the field.

Reciprocity studies

In one reciprocity study, Gross and Lubell demonstrated that subjects who had no opportunity to repay a favor liked the helper considerably less than subjects in two reciprocity and three control conditions. The study also showed that intended help is functionally equivalent to actual help in reducing presumed resentment. Subjects who were offered a chance to provide reciprocal aid but were interrupted by the experimenter before being able to perform the helping act liked the other person as well as those who were allowed to complete the reciprocal help. A summary of results from this experiment appears in Table I.

Another reciprocity study (Gross & Latané, 1973) which has just been completed also indicates that a benefactor is liked more if the beneficiary is allowed to reciprocate, and the benefactor is also liked more if the recipient subsequently is able to offer aid to a

third person. But in contrast to the Gross and Lubell study, subjects who were not helped at all also liked a confederate better if they were allowed to help him. The pattern of means in Table 2 indicate that the college student subjects feel more positive toward people who help them and more positive toward people they help.

Method of Help Delivery

The second research problem dealing with the comparison of helper-initiated or recipient-initiated help has important policy implications and is being studied both in the lab and the field. Originally we expected that in situations where help could be requested when, where, and how the needy person wanted it would reduce feelings of reactance and lead to generally positive feelings. However, the major prediction derived from reactance theory -- that imposed help would lead to more negative feelings than self-requested help-- has not been supported in any of four separate studies. These unexpected data in conjunction with information gathered in field interviews with welfare recipients have led us to focus more on negative aspects of self-requested help. We now suspect that explicit and public help-requests can function as salient admissions of inadequacy or incompetence.

In one study (Berman, Piliavin, & Gross, 1971), 44 undergraduate business majors were recruited to participate in a computer game in which they made a series of financial decisions, received standard feedback and then made a second set of similar decisions. Because the game was difficult and related to the students' majors, involvement was assumed to be high. Approximately half of the students were

visited by a consultant who offered assistance at regular intervals; the remainder could receive help only by signaling that it was required. As expected, acceptance of help offers in imposed conditions occurred more frequently than did request for help in recipient-initiated conditions. Secondly, and more importantly, prior to receiving feedback from the first set of decisions, Self-request subjects indicated significantly greater anxiety and negative self-ratings on a self-concept test than did Imposed subjects. The higher anxiousness ratings in Self-request conditions may reflect the threatening aspects of active confession of need for help as contrasted to more passive acceptance of regularly available aid.

In a recent study (Broll, Gross & Piliavin, 1973; Table 3) subjects were instructed to complete an exptremely difficult logic problem. Some subjects were required to ask for help from a consultant; other subjects could accept the consultant's help when it was offered periodically. Data from this study replicate some findings from earlier experiments. Subjects in offer conditions received more help than subjects in request conditions, and the consultants tended to be liked more when they offered assistance than when they responded to subject-initiated requests. Since the task was equally difficult in both treatments, these data emphasize the negative aspects of asking for help which may 1) lead to negative attitudes toward the helper, and 2) inhibit potentially beneficial help requests.

It should be noted that in this last study help was not imposed by the consultant; it was merely offered. This offer technique may have the double benefit of reducing reactance (to the extent freedom

to refuse is perceived), and of making it possible to receive benefits without actively seeking them. Everyone is familiar with the easy acceptance of a helper-initiated benefit captured in the phrase, "Well as long as you're here (up), you might as well ...." In fact, it may be possible to offer aid in a manner such that the recipient believes he is pleasing or benefitting the helper by means of accepting the offer.

Policy Implications

These data on self-requested help are germane to recent Federal changes in welfare policy. Federal guidelines now suggest (with threat of financial cut-off for non-compliance) that financial aid should be separated from other services in dealing with welfare clients. This policy change means that a case worker usually becomes involved in a counseling or helping relationship with the client only when a request is initiated by the client. We are currently studying self-requested vs. offered help and separation of financial aid and other service vs. combined aid and service in a large-scale field experiment with new AFDC clients. If the results of this study conform with some of our laboratory findings, the new government policy may be effecting savings (reduced services) at the expense of those who really need help but will not ot cannot ask for it.

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Table 1

Means of Combined Measures of Personal Attraction
(1 = hi attraction, 9 = lo attraction)

Subject Receives	Subject Gives		
	HELP	INTENDED HELP	NO HELP
HELP	2.52_{a}	2.00_{a}	3.59_{c}
NO HELP	1.89_{a}	2.48_{ab}	2.18_{a}

The cell with subscript 'c' is significantly different from 'a' cells at $p<.01$ and the 'ab' cell at $p<.05$ by the Newman-Keuls test. Cells with common subscript 'a' are not significantly different from each other. n = 8 per cell. Subjects were female.

(from Gross & Lubell, 1970)

Table 2

Mean Attractiveness Index for A

Prior help received by Subject	Help given by Subject			Measured before second task
	To A (reciprocity)	To B (helping the other person)	No help	
Voluntary	3.00 (26)	3.45 (26)	3.70 (26)	2.77 (26)
Involuntary	3.58 (25)	4.17 (27)	4.23 (26)	3.66 (26)
No help	4.18 (27)	4.13 (25)	5.15 (26)	4.73 (26)

Note: 1 = highest attraction; 9 = lowest attraction. n per cell is indicated in parentheses. MS_{error} = 28.54.

(from Gross & Latané, 1973)

Table 3a

Analysis of Variance of Amount of Help Obtained

Source	df	MS	F
Locus of help initiation (A)	1	17.98	12.21*
Normativeness (B)	1	.42	<1
Incentive (C)	1	3.89	2.64
A X B	1	.29	<1
A X C	1	1.36	<1
B X C	1	4.21	2.86
A X B X C	1	.02	<1
Error	93	1.47	

*$p < .001$

Table 3b

Mean Units of Help Obtained in the Offer and Request Conditions

Incentive	Request		Offer	
	Normative	Nonnormative	Normative	Nonnormative
$ 3.00	2.23 (13)	1.62 (13)	3.23 (13)	2.77 (13)
none	1.69 (12)	1.83 (12)	2.17 (12)	2.58 (12)

n ote: n per cell in parentheses

(from Broll, Gross & Piliavin, 1973)

Table 3c

Mean Helper Likeableness Ratings

Locus of Help Initiation	
Request	Offer
4.65	3.83

note: $\underline{n}$ = 50 per cell, F = 7.26, $\underline{df}$ = 1,80, $\underline{p} < .01$,
1 = hi attraction, 9 = lo attraction

(from Broll, Gross & Piliavin, 1973)